

Please print out and email the following, along with your receipt, to Trades3@sos.ga.gov

GEORGIA BOARD OF PRIVATE DETECTIVE & SECURITY AGENCIES



Please check this box if you are a military spouse or a transitioning service member of the United States armed forces, including the National Guard.

APPLICANT NAME
(Print clearly)

APPLICANT TRACKING CODE
(Found on receipt page)

**DOCUMENTATION WHICH MUST BE INCLUDED WITH APPLICATION FOR CERTIFICATION
AS A TRAINING INSTRUCTOR**

The following documentation must be submitted in support of your application for certification as a training instructor:

- Resume
- Lesson Plan of training program to be used in your classes. **NOTE: A lesson plan is a total training package. Outlines and course listings will not be accepted. Include timeline of instruction for each topic of instruction, showing the break-down of training minutes/hours for each section.**
- **If you are applying for Classroom & Firearms Training Instructor license, you must submit a course outline for both the classroom instruction and the firearms instruction.**
- **Notarized** documentation verifying that you are qualified by experience or education to teach the curriculum. Documents submitted by persons having knowledge of your training experience must be **notarized**. Other qualifications may include instructor certificates and course transcripts. **Letters of experience, certificates, and transcripts must be notarized.**
- Certification of Range Scores (Minimum Score: 90%), if applying for certification as a firearms instructor. **Qualification must be under the instruction of a Board-certified firearms instructor.**
- **Affidavit of Citizenship (attached)**
- **Background Check Consent Form (attached)**
- **Secure & Verifiable Document.** A list of acceptable secure and verifiable documents is available on our website, www.sos.ga.gov/plb.

**PLEASE USE THIS PAGE AS A COVER SHEET FOR SUBMITTING YOUR
DOCUMENTATION.**

Affidavit Regarding Citizenship

Please submit this document along with a copy of your secure and verifiable document to the Board office as indicated on the application.

Print Name: _____

APPLICANT AFFIDAVIT:

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Board for which I am applying for licensure and I agree to abide by these laws and rules.

By executing this affidavit under oath, as an applicant for a professional license, as referenced in O.C.G.A. § 50-36-1, administered by the Professional Licensing Boards Division, the undersigned applicant also verifies one of the following with respect to his/her application for a public benefit (check one):

- 1) _____ I am a United States citizen. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on the Board's website.**

- 2) _____ I am not a United States citizen, but I am either a legal permanent resident of the United States or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

___ DAY OF _____, 20___

NOTARY PUBLIC

My Commission Expires: _____

CONSENT FORM

I hereby authorize the Georgia Board of Private Detective & Security Agencies (“Board”) to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (Print)

Physical Address (P.O. Boxes NOT Accepted)

Sex

Race

Date of Birth

Social Security Number

By signing this form, I acknowledge that I have been informed of the Non-Criminal Justice applicant’s Privacy Rights and the Privacy Act Statement (title 28 United States Code § 534).

One of the following must be checked:

☐ This authorization is valid for 90/180/____ (circle one) days from date of signature.

☐ I, _____ give consent to the Board to perform periodic criminal history background checks for the duration of my licensure with this state.

Signature of Applicant

Date

Special licensure provisions (check if applicable):

____ Working with mentally disabled

____ Working with elder care

____ Working with children